

# Support Monitoring Guidelines

| ENVIRONMENT / SAFETY   | EXAMPLES   |
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| <b>Comfort:</b><br>Cleanliness<br>Home Adaptations<br>Home Maintenance<br>Odor of Home   | <p><b><u>Cleanliness:</u></b> There is no dirt, insects, rodents, pests, or improperly stored trash. *Unclean is defined as anything that may represent a health or safety threat for the people living there. The person appears comfortable in their environment. Soap, towels, &amp; toilet paper are present in the bathroom(s) and kitchen for use by people served and staff.</p> <p><b><u>Home Adaptations:</u></b> The setting is physically accessible to the individual. The home/facility is adapted for the person, no hazardous surfaces. Necessary and required adaptations/modifications for people's safety are in the home. The person can get out in case of an emergency.</p> <p><b><u>Home Maintenance:</u></b> The home/facility is in good repair indoors and out. No broken windows, doors, walls, plumbing, electrical, etc. All appliances are in working order; all steps and railings are in good condition; all furniture is clean and in good repair, with no sharp corners. Yard is neat and clean.</p> <p><b><u>Odor of Home:</u></b> Home is free of unusual odors (i.e., urine, feces, spoiled food, natural gas, etc).</p>   |
| <b>Security - Facilities</b><br>Emergency Equipment<br>Fire Safety<br>Temperature – Water<br>Toxic Chemicals<br>Vehicle Safety | <p><b><u>Emergency Equipment:</u></b> Are all smoke detectors in the home present and operational? Fire extinguishers are located on each floor of the home with current tags? Check for last inspection date. If there is a need for a CO detector, is it present and operational? If there is a need for adapted alarms, are they working? Is there a basic first aid kit in the home? Smoke detectors, fire extinguishers, and carbon monoxide detectors are present.</p> <p><b><u>Fire safety:</u></b> Can the people served safely evacuate the home in case of an emergency such as a fire? Have any individualized supports been identified for the person in order to evacuate the home?</p> <p><b><u>Temperature-Water:</u></b> Room temperature is at a comfortable range of 68-78 degrees. What is temperature on thermostat? Water temperatures are not to exceed 120 degrees Fahrenheit at the point of use unless otherwise stated in individual support plans of everyone in the home. Tub/Shower(s) ____; Kitchen sink(s)____; Bathroom sink(s)_____.</p> <p><b><u>Toxic chemicals:</u></b> Are household chemicals stored appropriately?</p> <p><b><u>Vehicle Safety:</u></b> The agency vehicle appears to be in good repair and has current plates.</p> |
| <b>Security -Processes:</b><br>Documentation<br>Emergency Drills<br>Policy/Procedures<br>Staff Training                        | <p><b><u>Documentation:</u></b> Review drills completed and the outcomes.</p> <p><b><u>Emergency Drills:</u></b> What are the emergency procedures for the home? Drills have been completed on all shifts (daytime, evening, and nighttime). Check drill documentation and observe for items in working order.</p> <p><b><u>Policy/Procedure:</u></b> What is the procedure for after-hours emergencies (number available 24/7/365)?</p> <p><b><u>Staff Training:</u></b> Does staff know what to do in case of an emergency?</p>  |
| HEALTH   | EXAMPLES   |
| <b>Health - Attaining</b>  | <p><b><u>Appearance/Hygiene:</u></b> The person is clean and well kept; clothes and shoes clean, in good</p>   |

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| <p><b>Wellness</b><br/>Appearance/Hygiene<br/>Follow-up Care<br/>Nutrition<br/>Weight</p>  | <p>condition, and in the correct sizes. Individuals are dressed in their own clothes, appropriate to the time of day, season, temperature, and individual's preference.<br/>Nails are trimmed and cleaned. No evidence of bruising or unattended skin conditions. General well-being: Talk to the person and staff; ask how the person is feeling today. Any recent injuries or illness? Has the person been to the physician and if so, review the documentation.</p> <p><b><u>Follow-up Care:</u></b> Have follow-up treatments or health care needs been completed and/or scheduled?</p> <p><b><u>Nutrition:</u></b> The staff and the person are aware of any special dietary needs. If so, are there physician's orders? Is staff trained on the diet? Review documentation. Ask the person what s/he had for lunch, dinner, etc.; ask about grocery shopping. Is the person eating a well balanced diet for their individual needs? What are the contents of the refrigerator and /or pantry? Is there evidence of adequate food present? Is food stored properly? Are the cabinets and refrigerator clean?</p> <p><b><u>Weight:</u></b> Observe and ask questions if there seems to be a weight change. Review documentation as needed.</p>   |
| <p><b>Health - Preventive Practices</b><br/>Annual Exams<br/>Dental Care<br/>Documentation<br/>Immunizations<br/>Labs Screenings</p>         | <p><b><u>Annual Exams:</u></b> When did the person have his/her last physical? What specialists does the person see? When? How often? Any hospitalizations?</p> <p><b><u>Dental Care:</u></b> Group Homes/ISL's - there is evidence of regular checkups and cleaning, at least on an annual basis, as well as follow-up visits as determined by the dentist.</p> <p><b><u>Documentation:</u></b> Health information is located in records.</p> <p><b><u>Immunizations:</u></b> Are immunizations complete for the person's situation and age?</p> <p><b><u>Lab Screenings:</u></b> Is lab work current? What about dental care? Vision care? Has s/he seen the physician as recommended (per consults, physician order, etc)? Physician's orders are present, signed and current. Documentation is available verifying that the recommendations and orders of the physician are being followed; special labs &amp;/or exams have been completed. Group Homes/ISLs - have an annual TB test, unless otherwise contraindicated, and Hepatitis B vaccination.</p>   |
| <p><b>Health - Procedures</b><br/>Adaptive Equipment<br/>Documentation<br/>Health<br/>Policy/Procedure<br/>Medication<br/>Staff Training</p> | <p><b><u>Adaptive Equipment:</u></b> All adaptive, corrective, mobility, orthotic, and/or prosthetic equipment needed by the person is in the home. If there is an identified need for an alternative communication system, is it present? Are supports needed for communication with person available at all times? Equipment is clean, in good repair and is being used as prescribed. The person and staff know how to use the equipment and it is the right equipment. The physician orders are current for the equipment.</p> <p><b><u>Documentation:</u></b> Community RN reports are current; review &amp; sign CRN monthly notes during each onsite visit.</p> <p><b><u>Health Policy/Procedure:</u></b> Is there an effective system in place to ensure the health of the individual (s)? Examples may include: medical appointments are made, kept, and followed through with? Are MD's orders signed and dated?</p> <p><b><u>Medication:</u></b> MARs are signed and properly documented /no blanks as well as matches physician orders (does not apply to day supports if no medication is given/MD's orders). All MARs for each individual are reviewed for the past 30 days/since the last visit. Medications are present. Look at</p> |

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|  | <p>packaging; assure no pills have been missed. The medications are locked &amp; secure. If narcotic medications are present, are they appropriately stored (double locked and counted)? Any changes in medications? Does staff know what medications the person is currently taking? Is there information about medications and their side effects located in the home? Does the person self medicate? If so, how is this monitored? Does staff utilize the proper procedures when administering medications? If at all possible, observe staff administering medications.</p> <p><b>Staff training:</b> Through interaction with staff, it can be determined that they are knowledgeable on how to support the person(s) to maintain good health. Examples might include: training in CPR, and training in supports for specific health conditions, etc.</p>  |
| <b>MONEY</b>   | <b>EXAMPLES</b> ( <i>applies to settings where providers have responsibility of safeguarding personal funds</i> )   |
| <b>Money - Access to Funds</b><br>NAFS/Personal Account<br>Policy/Procedures<br>Property<br>Spending Money<br>Employment | <p><b>NAFS/Personal Account:</b> If any purchases were made from the NAFS account, the person or staff can show where the item is and that prior approval was given for purchases over \$100. Are receipts available?</p> <p><b>Policy/Procedures:</b> What is the procedure for person accessing their funds? Who has access to the person's funds besides the person? If the person has limited access to their funds is the purpose and rationale clearly written in the ISP.</p> <p><b>Property:</b> The person, or staff, can show where recently purchased items are located.</p> <p><b>Spending Money:</b> Person and staff know where the money is kept. Person knows, or has a sense of, how much money s/he has access to. How does the person have input into how their money is spent?</p> <p><b>Employment:</b> Does the individual work in an integrated community setting?</p>   |
| <b>Money - Accounting Practices</b><br>Documentation of Receipts<br>Payment of Bills                                     | <p><b>Documentation of Receipts:</b> The balance is appropriate for the point in the month when monitoring is conducted. The money is safeguarded. Financial records on personal spending accounts are in the home available for review. Expenditures from the personal spending accounts are itemized showing the date, description of items purchased, and amount spent.</p> <p><b>Payment of Bills:</b> Is there evidence bills are being paid on time? Observation of the environment (utilities are on, phone working, have direct support staff verbalized that bills are not being paid)</p>   |
| <b>RIGHTS</b>  | <b>EXAMPLES</b>   |
| <b>Rights - Decision Making</b><br>Choice<br>Control<br>Rules/Restrictions<br>Staff Training                             | <p><b>Choice/Control:</b> Observe. The person feels as if this is his/her home. The person decides how to decorate their own personal space Prompts only: Does the person answer his/her own door and/or telephone (if ability is present)? Have access to all areas of his/her home? Have choice in when, where, and what s/he eats on a daily basis? Choose who visits in their home? Acknowledge that they understand they have the right to talk with others in private? Have privacy for daily activities that are typically private (dressing, bathroom, phone calls, internet, visitors, etc.)? Choose what to buy with own money? Can the individual determine their own activities for the day, Can the individual choose when and with whom to engage in their activities for the day? If the person shares a bedroom did the person choose their roommate?</p> <p>Frequently ask staff for permission?</p> <p>The person was given options of where to live and selected the setting where they live now.</p> <p>The setting where the person lives give them opportunities to seek employment and work in integrated settings.</p> <p>The person is or supported with transportation to access their community.</p> <p>In addition to the above, residential services assures;</p> <ul style="list-style-type: none"> <li>• The individual has a lease or written residency agreement (legally enforceable agreement).</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>• The residential setting provides the individual with the option for a private bedroom.</li> <li>• Can individual close and lock bedroom and bathroom doors.</li> <li>• Individual access and participate in services in their community (medical, dental, recreational, etc)</li> </ul> <p><b>Rules/Restrictions:</b> Is there evidence of any “house or program “rules? Is there evidence that the person was informed and aware of the rules prior to selecting the setting? If there are new rules was the person involved in the development? Are there restrictions/limitations being put on the individual? If so, does the current ISP indicate modifications to support the individual and is there documentation that the plan was reviewed by the due process committee? Is there data in place to support the ongoing effectiveness of the intervention?</p> <p>Examples of restrictions; i.e., access to refrigerator; alarms on doors, access to money, limited relationships, being videoed without ones knowledge, access to person’s possessions, etc. If there are restrictions in the person’s plan, the person gives evidence of knowing what it would take to have the right restored. What is in evidence that efforts are being made to teach the person how to have their rights restored?</p> <p><b>Staff Training:</b> How do staff ensure rights are protected (right to privacy, free speech, decision making, etc)? How do staff ensure the people have input into their daily routine, schedule, and activities.</p> |
| <b>Rights - Documentation</b><br>Annual Rights Notification   | <b>Documentation:</b> Signed notification form located in person’s file.   |
| <b>Rights - Self Advocacy</b><br>Policy/Procedures<br>Reporting Incidents of Complaints<br>Response to Communication  | <p><b>Policy/Procedures:</b> Are staff teaching the person self-advocacy skills? Do individuals feel they have the same rights as everyone else? Does the individual feel comfortable with discussing their concerns? Ask people what process is in place if they feel that their rights have been violated? Does the individual know the person to contact or the process to make an anonymous complaint?</p> <p><b>Reporting Incidents of Complaints:</b> Do people understand what is meant by “inappropriate touching”? How do people know to whom to report incidents that upset or disturb them?</p> <p><b>Response to Communication:</b> Does the person receive a response when talking/gesturing/signing/dynovox etc., to staff? How is the person supported to use their preferred means of communication?</p>   |
| <b>SERVICES or STAFF</b>  | <b>EXAMPLES</b>  |
| <b>Services or Staff - Individual Support Plan (ISP) Implementation</b><br>Action Plan<br>Documentation of Progress<br>Functional Assessment<br>ISP Present<br>Legal Issues<br>Required Reports | <p><b>Action Plan:</b> Staff are teaching and mentoring people according to the individual support plan. The supports authorized in the plan are being provided and the plan is present. When, where and by whom is documented. Is the current support plan in the person’s record? Is there evidence in the home that outcomes are being implemented?</p> <p><b>Documentation of Progress:</b> The documentation is present and meaningful. Daily activity records are thorough; completely describe the activities &amp; supports the person participated in. Is the person being supported to participate in a variety of activities outside the home?</p> <p><i>(SDS) Does the individual/designated representative maintain all paperwork &amp; documentation? Is it accurate and up to date? Is Individual/Designated Representative maintaining enough employees to meet needs?</i></p> <p><i>If family members are providing services, is it provided in the best interest of the individual?</i></p> <p><b>Functional Assessment:</b> Outcomes in the person’s plan are developed based on an assessment of</p>   |

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| <p>Services Authorized<br/>Staff Back-Up Plan</p>  | <p>functional needs.<br/>The setting reflects the individual's needs and preferences.</p> <p><b>ISP Present:</b> Is the ISP present at the site of support delivery? Is the ISP signed prior to implementation of supports?</p> <p><b>Legal Issues:</b> If the person has a guardian, has a signature for authorization been obtained prior to implementation of supports? Does guardianship need to be explored?</p> <p><b>Required Reports</b> monthly reviews, as described in the provider contract, are submitted monthly. Other reports necessary are complete and accurate.<br/><i>(SDS) Has the SC and Individual/Designated Representative been receiving monthly summary from Support Broker and Community Specialist if receiving these services?</i></p> <p><b>Services Authorized:</b> Is there evidence/reason to believe that supports were received in accordance with funding provided as demonstrated on the budget? Observation/staff/daily log notes are reviewed for each individual a minimum of five (5) days and a review of more days based on support coordinator professional judgment. Is there evidence of adequate professional supervision and community RN involvement and oversight?<br/><i>(SDS) Are the individual's services being provided within the parameters of their budget?</i></p> <p><b>MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM</b> (archives must go back 6 years) Time recorded on this document must be consistent with what is submitted on the FMS timesheets.</p> <p><b>Staff Back-Up Plan:</b> Is a back-up plan in place in case there is a disruption in supports? Is the back-up plan realistic?</p> |
| <p><b>Services or Staff - Management</b><br/>Designated Rep.<br/>Issues<br/>Log Note<br/>Management Issues<br/>Policy/Procedures<br/>Quality Assurance</p> | <p><b>Designated Representative Issues (SDS):</b> Designated Representative not completing expected duties of position. Are timelines being met? Is the person available to the family? Is the Designated Representative acting in the best interest of the individual? Is the Designated Representative managing the day to day activities of the employees?</p> <p><b>Log Note:</b> Log notes are in place, accurate, and representative of supports taking place relative to the person's needs.</p> <p><b>Management Issues:</b> Staffing is appropriate for the setting and there is available staff coverage when needed. Degreed professional management/DDP and CRN is available. EMTs, as described in <b>4.070 - Event Report Processing</b>, and staff are focused on their duties.</p> <p><b>Policy/Procedures:</b> How is staffing ratio met if someone calls in? Director, degreed professional management/DDP and CRN availability for questions and emergencies. SDS – written emergency backup plan posted for employees.<br/>Health information about individuals kept private? (PT, OT, medications, restricted diet, etc., kept private not posted in a general open area for all to view)</p> <p><b>Quality Assurance:</b> Systems are in place and enacted to assure procedures are completed as indicated and/or needed.</p>   |
| <p><b>Services or Staff - Qualified Staff</b><br/>Missouri Quality</p>   | <p><b>Missouri Quality Outcomes:</b> Staff is knowledgeable about supporting persons to achieve Missouri Quality Outcomes.</p> <p><b>Positive Behavior Support:</b> The use of Positive Behavior Supports is evident. Individuals are</p>   |



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| <p>Outcomes</p> <p>Positive Behavior</p> <p>Support</p> <p>Training on ISP</p>   | <p>given valid choices. There is no evidence of punishment being used.</p> <p><b><u>Training on ISP:</u></b> Staff is knowledgeable of the ISP and there is no evidence of the ISP being implemented incorrectly.</p>  |
| <p><b>Services or Staff -</b></p> <p><b>Staff Empowerment</b></p> <p>Staff Communication</p> <p>Staffing Ratio</p> <p>Staff</p> <p>Sensitivity/Interaction</p> | <p><b><u>Staff Communication:</u></b> Staff demonstrates they understand and respond to the person's communication style. Has staff been trained on how to communicate with people?</p> <p><b><u>Staffing Ratio:</u></b> Is the home staffed according to the individual's needs and current budget? How was the home staffed during monitoring appt.? Are staffing ratios being met?</p> <p><b><u>Staff Sensitivity/Interaction:</u></b> Observe! Staff interactions are respectful, attentive and positive. Does the individual like who supports them? If no, do they know how to request new supports/services? Is the staff knowledgeable about the capabilities, interests, preferences and needs of the individual? Does staff ask the individual about her/his needs and preferences? Is personal assistance provided as needed and provided in private when applicable? Does staff knock and receive permission prior to entering a bedroom or bathroom? Was the person engaged in meaningful activities during time of visit? Are staff taking care of personal business while at work (errands, children at work, phone calls, etc.)? Does staff talk to other staff about an individual as if the individual was not present or within earshot of other persons living in the setting?</p> |